

and the position is not stated in Quénu's case. The diverticulum in Terrier's case extended half-way to the pubes.

Two of the cases were enterocele, and two were epiplocele.

The diagnosis of this condition before operation must be made simply by palpation and percussion, and is not especially difficult in such a case as that of Quénu's, in which the finger passing down through the ring after the reduced hernia feels a herniated loop which cannot be dislodged, and which can be further identified by percussion.

—*Archives provinciales de Chirurgie*, Tome II, No. 12.

JAMES P. WARBASSE (Brooklyn).

EXTREMITIES.

The Treatment of Varicose Veins. By Dr. ROBITZSCH (Leipzig). The newest treatment of varicose veins is that invented by Landerer. He has contrived a bandage which is applied to the vena saphena magna in such a way as to have a curative effect upon varicosities in the leg. This apparatus resembles a garter, the inner surface of which is armed with a parabolic spring carrying a cushion filled with water or glycerin. This band is applied below the knee with the pad on the inner side of the leg when the varicosities reach, as is usually the case, only to the knee. This pad is placed directly upon the great saphenous vein, which is prominent at this place. When the disease extends higher the band must be placed above the knee, but the cushion should always lie directly upon the dilated vein. The curve in the spring supporting the cushion prevents any pressure at one or the other sides of the vein; and the band should be so loosely applied that the finger can easily pass beneath it. Great care should be taken not to constrict the whole leg, but only the circulation in the vein should be controlled. In cases in which the disease extends as high as the fovea ovalis, where the saphena empties into the crural, a bandage should be applied, such as is used for crural hernia. It is also recommended to place a linen pad next to the skin, such as is placed beneath a truss; or an elastic band may be applied over the whole dressing.

This method was discussed at the meeting of the German Surgical Congress, in 1891. The method which Trendelenburg employed, it was found, was upon the same principle. He had succeeded in curing and improving varicosities by ligating the saphenous vein. It is the turning of the venous circulation into other channels that he regards as the rationale of this method of treatment. His operation has met with much favor in France, and Cerné has reported a case cured by this method (*Centralblatt für Chirurgie*, September 8, 1892).

The idea which induced Landerer to invent this bandage was that among the first changes which occur in varicose veins is the thinning and disappearance of the valves, as a result of which the entire hydrostatic pressure of the blood column extending from the heart to the capillaries rests upon these vessels of the leg, and gives rise to the dilatation of the veins with its chain of symptoms. If, now, a support for this column is introduced between the periphery and the centre, to take the place of the absent valves, the congestion and tendency to venous dilatation must be favorably influenced. In this way the bandage of Landerer acts much as the operation of Trendelenburg.

The chief thing to be taken into consideration must be the results obtained by this varicosity bandage. One hundred cases have been treated in Landerer's clinic by this new method, and the result has been a most satisfactory one. A number of the patients wore the band for more than two years. About ninety per cent. of the cases were cured of the discomfort due to the varicose veins.

The band is light and easily applied. Perspiration is not hindered. Œdema, pain, and the uncomfortable sensation in the distended veins disappear. Eczema and ulcers heal more rapidly, and even while the patient is about his work. This is of especial importance in cases of ulcers, for, if they heal while the patient is up and about, the healing is apt to be more permanent than when it takes place with the patient in the recumbent position. The band is moreover cheaper than an elastic stocking, and can be worn daily for a year. It is only necessary to renew the glycerin filling every three or four months, or water filling every six weeks.

In most cases, if nothing more than palliation is accomplished, the patient is highly satisfied in comparison with his previous condition.

This simple method of Landerer, because of its conservative nature, can have a more extensive application than the ligation method of Trendelenburg, or the extirpation of the veins as recommended by Schede, Madelung, and Boennecken.—*Deutsche medizinische Wochenschrift*, No. 34, 1893.

JAMES P. WARBASSE (Brooklyn).

FEMALE GENITO-URINARY ORGANS.

Ligation of both Internal Iliac Arteries for Hæmorrhage in Hysterectomy for Carcinoma Uteri. By Dr. H. A. KELLY (Baltimore). The reporter, in the course of an operation through an abdominal incision to remove a carcinomatous uterus, found the broad ligament to be extensively infiltrated. As the result of attempts to tie them off, they proved so friable as to cause the ligatures to cut out, and to allow of such profuse and uncontrollable hæmorrhage that the entire arrest of the direct blood-supply to the pelvis by ligation of the internal iliac arteries was necessitated. Accordingly, the peritoneum over the arteries was incised and ligatures passed around them by a curved aneurism-needle. The operation was then proceeded with without further hæmorrhage. The left ureter was embedded in a carcinomatous mass, but was safely enucleated. An intra-arterial saline infusion, half a litre in amount, was done to overcome the effects of the loss of blood. It was evident that much infiltrated material remained behind in the stumps of the broad ligament at the close of the operation. The patient made a slow but satisfactory recovery. Five months later, after most careful examination by rectum, vagina, and abdomen, not the slightest trace of carcinoma could be detected. A further report of the after-history of this case will be very desirable.—*Johns Hopkins Hospital Bulletin*, April, 1894.